

2225

*Name added by supplement ED*

**PLACE OF BIRTH**  
 County of Apache **ARIZONA STATE BOARD OF HEALTH**  
 District of \_\_\_\_\_ **BUREAU OF VITAL STATISTICS.** State Index No. 10  
 Town of St. Johns **ORIGINAL CERTIFICATE OF BIRTH.** Co. Register No. 136  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
**FULL NAME OF CHILD** Margaret Juanita Garcia Born  YES  
 Alive  NO  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov 18</u> 191 <u>2</u> (Month) (Day) (yr.)
<b>FATHER</b> Full Name <u>Monico Garcia</u> Residence <u>St. Johns, Ariz.</u> Color or Race <u>Mex.</u> Age at last Birthday <u>36</u> (Years) Birthplace <u>New Mex.</u> Occupation <u>Sheep raiser</u>			<b>MOTHER</b> Full Maiden Name <u>Arnelia Hunt</u> Residence <u>St. Johns, Ariz.</u> Color or Race <u>Mex.</u> Age at last Birthday <u>35</u> (Years) Birthplace <u>Ariz.</u> Occupation <u>Housewife</u>		
Number of child of this mother <u>5</u>	Number of children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Nov 18, 1912, at 10 A.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Tomasa Tafoya  
 (Attending physician, midwife, householder.)  
 Address St. Johns, Ariz.

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Filed \_\_\_\_\_ 191\_\_

471-1118-183  
 COUNTY REGISTRAR.

Filed \_\_\_\_\_ 191\_\_

A True Copy  
J. J. Bouldin LOCAL REGISTRAR.  
H. S. Roberts COUNTY REGISTRAR.